



# FEE TRANSMITTAL

Application Number 10/611,295  
Filing Date July 1, 2003  
Inventor(s) Steven M. Shei  
Examiner Name Joseph Moore Pelham  
Attorney Docket Number DKE 9008.2

Art Unit 3743  
Confirmation No. 5573

## METHOD OF PAYMENT

- [ ] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- [X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

## FEE CALCULATION

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. [X] EXCESS CLAIM FEES
- Total Claims 109 - 94 (HP) = 15 x Fee \$50 = \$750.00  
Indep Claims 10 - 9 (HP) = 1 x Fee 200 = \$200.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)
- Subtotal (2) \$950.00
3. [ ] APPLICATION SIZE FEE
- Total Pages \_\_\_\_\_ - 100 = \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_  
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$ \_\_\_\_\_
4. [X] OTHER FEE(S)
- [ ] \_\_\_\_\_ month extension of time  
[ ] Information disclosure statement  
[ ] 37 CFR 1.17(q) processing fee  
[ ] Non-English specification  
[ ] Notice of Appeal  
[ ] Filing a brief in support of appeal  
[ ] Request for oral hearing  
[X] Other: Request for Continued Examination
- Subtotal (4) \$790.00

TOTAL AMOUNT OF PAYMENT \$1,740.00

Andrew N. Claerbout  
Andrew N. Claerbout, Reg. No. 50,202  
Telephone: 314-231-5400

4/11/05  
Date

ANC/MEG/jmd  
Express Mail Label No. EV 214698928 US

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